



INTERNATIONAL COMMISSION  
ON HEALTH CARE CERTIFICATION

# Practice Standards and Guidelines

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## PRACTICE STANDARDS AND GUIDELINES

The **International Commission on Health Care Certification (ICHCC)** was established originally as the **Commission on Disability Examiner Certification (CDEC)** in 1994 in response to the health care industry's need for certified clinical examiners in impairment and disability rating practices. The **CDEC** expanded rapidly over its first 8 years such that its name was updated in the spring of 2002 to that of the **International Commission on Health Care Certification**. The name-change was necessary since the **CDEC** was offering certifications into other specialty areas of rehabilitation by 2001, and a more generic reference was required under which each of its 3 certification credentials as well as future credentials could be classified. Credentialing in the specialty area of impairment rating and disability examination evolved as a result of meetings with allied health care providers around the country in the early 1990s. Issues were discussed that focused primarily on clinical examiner credentials, validity and reliability of rating protocol, and the establishment of a testing board to oversee the impairment rating and disability examining credentialing process. The resulting credential was the **Certified Disability Evaluator (CDE)** with three levels that allow for the inclusion of all professionals who are involved in measuring functional performance of persons reporting impairment or disability. The **International Commission on Health Care Certification** awarded the **Certified Disability Examiner I, II, and/or III (CDE I, II, III)** credential to persons who have satisfied the educational program requirements and training standards established by the **National Association of Disability Evaluating Professionals (NADEP)**, with all classroom instruction offered at regional locations around the country.

The Commission has broadened its influence in the medical and rehabilitation marketplace through its research and development of a certification program in life care planning and related catastrophic case management. Currently, comprehensive training programs in life care planning have evolved to respond to this need for life care planning services as applied to catastrophic cases. Vocational/medical rehabilitation case managers and rehabilitation nurses have established themselves as consultants and case managers in these catastrophic cases and often detail the medical and rehabilitation needs of catastrophically disabled persons. Thus, the Commission developed the **Certified Life Care Planner (CLCP)** credential in response to the rapid growth and influence of case management in catastrophic disabilities and managed care in today's health care insurance industry. Subsequent to the development of the CLCP credential, the **Canadian Certified Life Care Planner (CCLCP)** was established to assist in the growth of this field in Canada as more Canadian nurses, occupational therapists, and rehabilitation counselors traveled to the United States for training in this specialty health care service delivery system.

Validity and reliability research of the **CLCP** credential was completed through Southern Illinois University, and is based specifically on the roles and function of case managers and rehabilitation nurses who provide this service as part of their case management structure. A recent update of life care planners' roles and functions was completed at the University of Florida and published in the ***Journal of Life Care Planning***, 9(3), 2010. The ICHCC further explored the roles and functions in its survey of its Test Committee members on June 2-3, 2012, who reviewed the roles and functions from both studies and determined the relevancy of all roles



(submitted for publication). Currently, there is ample literature in the professional journals that addresses life care planning, and the Commission's research goals of identifying and establishing the background, education, and experience criteria required to competently develop life care plans have been achieved. However, there is always more research required of a dynamic service delivery system in health care such as life care planning.

The third credential to be developed by the ICHCC is the **Medicare Set-aside Certified Consultant (MSCC)**. This credential evolved out of the need for the Medicare benefit system of the United States to project the amount of monies needed to be set aside while the disabled worker utilized the benefits offered by the individual's respective state workers' compensation benefit system. After the disabled worker expends the respective disability schedule of the diagnosis/injury, Medicare benefits are awarded to continue the care routine required of the disabled individual. The **MSCC** is for those health care, legal, and insurance professionals who consult with the Medicare benefit program regarding the categories of need required of the disabled individual through his or her remaining life span and what costs are associated with each category.

The fourth credential to be developed by the ICHCC is the **Certified Geriatric Care Manager (CGCM)**. This credential evolved out of the need for regulating the sudden growth of this field as a direct result of the aging of the "baby-boomer" generation, to include the parents of this emerging elderly population. More elderly people are in need of case management services as nursing homes and senior-living centers evolve to serve this growing population. To address this need, more case managers have added geriatric care and case management to their businesses, thus requiring regulation of geriatric care managers for the protection of the consumer. The **CGCM** credential ensures the consumer of services that the **Certified Geriatric Care Manager** has demonstrated an understanding and competency in applying geriatric care and case management standards to the disability evaluation and management process.

## I. MISSION STATEMENT

The International Commission on Health Care Certification's (ICHCC) is to oversee the examination of health care providers and professionals in the specialty rehabilitative areas of life care planning, Medicare Set-aside allocation development and geriatric care management. The ICHCC's ongoing actions in support of this mission include:

- Developing, reviewing, and researching standards for life care planning, Medicare Set-aside allocation and geriatric care management service delivery systems for post-graduate training in these respective areas.
- Developing, reviewing, and researching standards of practice in for life care planning, Medicare Set-aside allocation and geriatric care management
- Developing and administering examinations that assess the knowledge and skills that comprise the essential functions required of life care planners, Medicare Set-aside allocators and geriatric care managers service delivery systems



## II. GOALS AND OBJECTIVES

The **International Commission on Health Care Certification (ICHCC)** is dedicated to the development and administration of well researched, standardized tests designed to measure health care provider certification applicants' working knowledge and skills of the respective health care service delivery system to which they apply for certification. To achieve its mission, the **ICHCC** established the following goals:

- Develop national and international tests that measure the health care provider applicant's working knowledge of disability, medical systems, associated disabilities, and treatment/maintenance protocol required to sustain life within an acceptable comfort level.
- Conduct ongoing research in terms of test-item validity and reliability. Such research ensures that tests measure what they purport to measure and that the items are a fair representation of the respective credential's subject matter and required knowledge-base.
- Make available to the certification applicant the examination within 6 weeks of completing educational/training requirements necessary to sit for the respective certification examination
- Procure qualified Commissioners to sit on the Board of Commissioners to represent all **ICHCC** credentialed candidates and certified professionals.
- Disseminate certificates within a 10-day period after receiving the test from the respective certification candidates.
- Establish and monitor recertification policies to measure continued competence and/or to enhance the continued competence of all certified health care professionals under the **ICHCC**.

The **ICHCC** recognizes that certain objectives must be met in order to achieve the above goals. The objectives are detailed as follows:

- To appoint qualified health care practitioners as Commissioners to sit on the Board of Commissioners specific to each credential offered by the **ICHCC**. The represented specialty areas may include but are not limited to **Kinesiology and Exercise Physiology, Orthopaedic, Chiropractic, Physical Medicine and Rehabilitation, Physical Therapy, Occupational Therapy, Pain Medicine, Rehabilitation Nursing, University Studies, Vocational Evaluation, Case Management, Psychology, Research Design and Statistics, Rehabilitation Nursing, Geriatric Care and Forensic Nursing** as applied to health care settings.
- To disseminate the examinations to all Commissioners for periodic review and comments.
- To solicit the assistance of other Commissioners in researching the validity and reliability of the examinations, incorporating appropriate research design and statistics.



### III. ICHCC STRUCTURE

The Commission on Health Care Certification consists of a Board of Directors, Executive Board, and three Boards of Commissioners. Figure 1 on page 10 depicts the current structure of the organization.

#### a. Board Of Directors

The Board of Directors manages all property affairs and business of the ICHCC. The Board of Directors is an elected Board with member elections held annually at the stated annual Board meeting.

#### b. Executive Board

The Executive Board of Commissioners presents with complete autonomy from the Board of Directors and ensures the separation of the Board of Directors from the Boards of Commissioners.

The Executive Board of Commissioners is comprised of the Chairperson of the Executive Board of Commissioners and the Chairpersons of each credential's Board of Commissioners, including but not limited to, the Life Care Planner Commissioner Chairperson, the Geriatric Care Manager Commissioner Chairperson, and the Medicare Set-aside Commissioner Chairperson. The Executive Board reviews and approves all applications for Commissioners for each credential's respective Board of Commissioners.

The Executive Board of Commissioners:

1. Ensures Board of Commissioners remain impartial and unbiased
2. Oversees Boards of Commissioners
3. Advises respective Board of Commissioners on field/ethical decisions should the need arise
4. Settles any disputes or conflicts among Board of Commissioners
5. Coordinates field searches for Commissioner candidates, ensuring community resources are utilized in the search process without bias
6. Reviews all applicants' applications and curricula vitae submitted for those persons seeking Commissioner positions within their certification specialty
7. Confirms Election of Commissioners to the respective Board of Commissioners, by majority vote

#### b.1 Role And Function of the Chairperson of Executive Board of Commissioners

Executive Director chairs the Executive Board of Commissioners.

The Chairperson of the Executive Board of Commissioners is responsible for ensuring that opinions from committees overseeing such communications from the field are without bias.



The Executive Director serves as liaison to the Board of Directors should the Executive Board of Commissioners/ Board of Commissioners express the need for business or operational issues to be addressed. The Executive Director can have membership as a Director in the Board of Directors for business operational purposes, but cannot have membership on the Board of Commissioners. Such policy ensures a balanced and impartial association between the Board of Directors and the Board of Commissioners.

Additionally, the Executive Director oversees each respective Chairperson and Board of Commissioners to ensure proper balance and representation. The Executive Director is not a Board Commissioner, and therefore, does not have voting privileges on policy issues and ethical review cases. However, he or she supervises the Ethical review process.

The Executive Director is nominated and appointed by the Board of Directors and by the Board of Commissioners after majority vote. This individual serves during the Board of Commissioners' meetings as an advisor and/or mediator should the need arise.

The Executive Director's essential functions are delineated as follows:

1. Attends all monthly Board conference calls.
2. Determines frequency of Board Meetings.
3. Attends at least one major Life Care Planning conference once every 2-year period.
4. Participates in necessary test validation exercises and test-item revision workshops upon request from CEO.
5. Provides 5 test-items based on item-writing protocols described in the item writing manual for each calendar year served on the Board
8. Participates in workshops and/or meetings deemed necessary by the NCCA for maintenance of accreditation for the CLCP credential upon request from CEO.
9. All Recertification fees are waived during Board tenure, and 80 CEU's are applied to the Executive Director Position and participation.

## b.2 Field Communication Protocols

The ICHCC's field communications regarding issues and concerns are managed by the Commissioners who are under the auspices of the Chairperson of the Executive Board of Commissioners, who appoints Commissioner Boards to address the issues of concern depending on the area of certification. The service term of each commissioner is not to exceed a 5-year period and Commissioners can be reelected by the Executive Board of Commissioners to no more than two (2) consecutive terms. Any Commissioner may be removed from office at any time by a majority vote of the Board of Commissioners and Executive Board of Commissioners.

1. Issue or concern is received by the main office, or by the Chairperson of the Executive Board of Commissioners.
2. Executive Board Chairperson is notified by the CEO of communication with certified professional, if the Executive Board Chairperson had not received such communication initially.



3. The Executive Board Chairperson assembles Commissioners from the respective area of certification specialty to discuss the communication.
4. The Executive Board Chairperson chairs the committee meeting that addresses the communication, and is charged with writing the final opinion.
5. The Executive Board Chairperson communicates the opinion verbally to the person who communicated with the office initially, and forwards the written opinion to the individual on ICHCC letterhead as well.

**c. Commissioners**

The role of the Commissioner is principal to the success of the ICHCC's management of all credentials, to the satisfaction of the practicing Certificant regarding his/her position of prominence in the health care delivery system, and to the overall reputation of the certifying agency. It is the Board Commissioner who promotes the respective credential among non-certified and certified peers alike, and propitiates those health care providers who have not supported the certification movement in the past as well. The function of the Board Commissioner is twofold: 1) to assist in agency policy development and implementation, and 2) to interact with the health care provider public as their representatives to the certifying agency, ensuring a positive image of the agency and one that has their professional interests at the forefront.

The Boards of Commissioners answer directly to their respective Chairperson. The Board of Commissioners Chairperson is responsible for scheduling, formatting, and establishing the agenda for the Board meetings. The Board of Commissioners Chairperson is responsible for conducting the meetings and reporting to the Chairperson of the Executive Board of Commissioners discussions that took place and the recommended resolution strategies.

- Accept and process communications from the certified professionals who may have issues or concerns regarding certification policy
- Assemble review committees from respective Commissioners to address communications received from the field.
- Represent the ICHCC at conferences and participate in discussion panels regarding certification issues
- Communicate directly with certified individuals regarding their stated issues, concerns, or inquiries

The following are identified as the essential functions of the Commissioners:

1. Attends all monthly Board conference calls.
2. Attends at least one major specialty-credential area conference every 2 year period.
3. Participates in necessary test validation exercises and test-item revision workshops.
4. Provides 5 test-items based on item-writing protocols described in the item writing manual for each calendar year served on the Board
5. Participates in workshops and/or meetings deemed necessary by the NCCA for maintenance of accreditation for the respective Board of Commissioners credential.
6. Reviews ethical issues, determines validity of complaint, and votes on outcome of case influencing the respective represented credential.





7. Reviews policy recommendations and votes on proposed policies and/or policy revisions for the respective credential.
8. Addresses Board regarding field related concerns or projects that may directly influence the respective credential, or reviews and votes on such issues brought before the Board by other Commissioners.

The **International Commission on Health Care Certification** requires that persons appointed as Commissioners to meet the following criteria:

- Completed the minimum hours of post-graduate training required of each respective credential offered by the ICHCC.
- Hold a current license in their respective field as required by the respective state.
- If licensure is not required within the specialty field, then the individual must hold certification common to the respective field of specialty or meet all state legal mandates to practice service delivery for the field of specialty in which the health care professional is trained.
- Clinicians who have been asked to serve as commissioners must complete the mandatory number and hours and pass the respective credential examination.

#### **c.1 Public Member**

The **public member** is considered to be a person who represents the direct and indirect users of certificants' skills/services. The public member may be a professional, but does not have similar credentials to the certificants. The public member may have at some time been a consumer of the certificants skills or services, or is someone who has a background in public advocacy. Thus, the public member can be a person who is a recipient of services or a professional who may not have any knowledge of health care service delivery systems for which the ICHCC offers certification credentials. A public member is appointed by the Chairperson of the Executive Board of Commissioners for each of the three Boards of Commissioners.

#### **e. Role and Function of CEO**

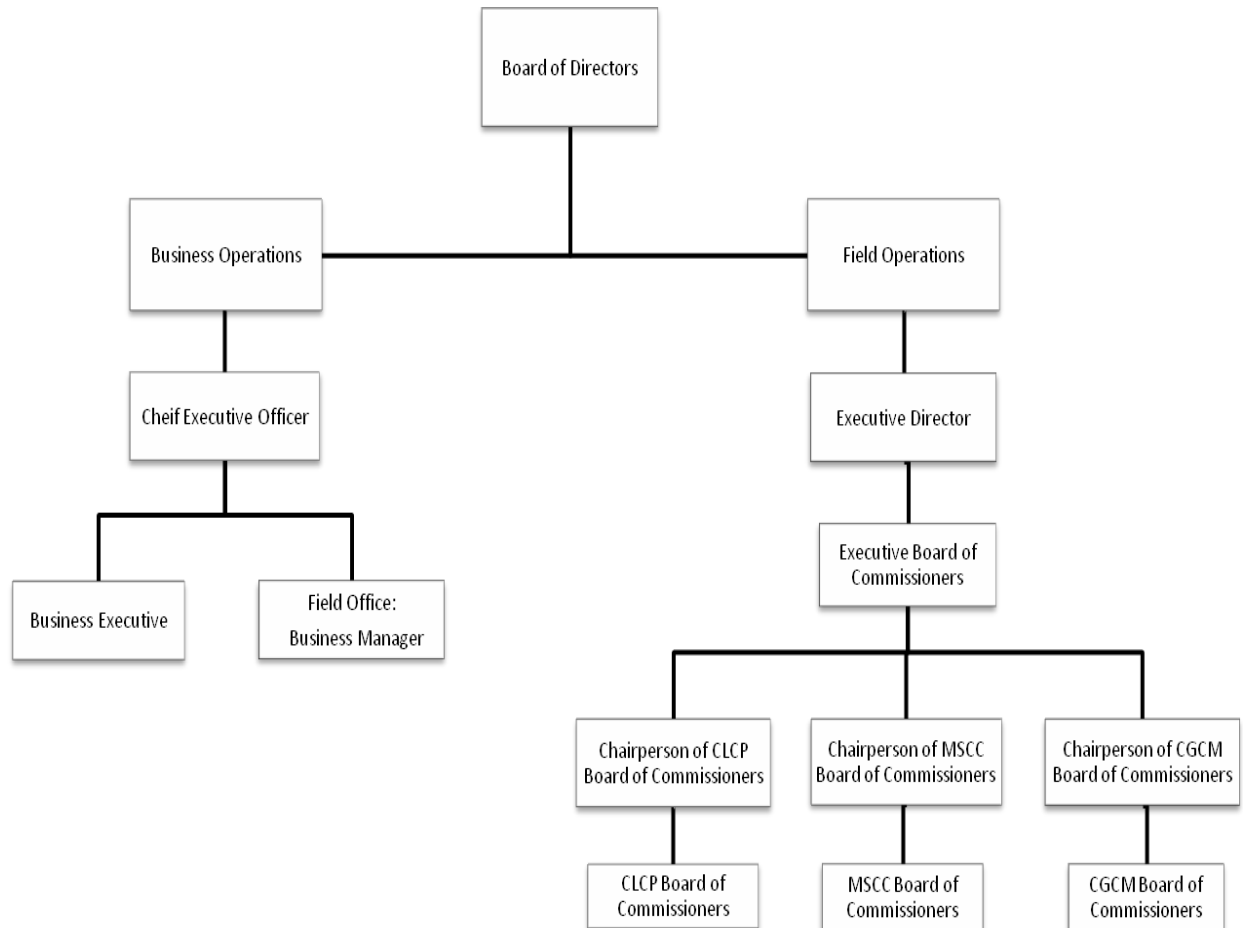
The Chief Executive Officer (CEO) is responsible for the general and creative management of the Corporation, ensuring that all orders and resolutions of the Board of Directors are carried into effect, and acting as Administrator. Furthermore, the CEO executes on behalf of the Corporation all legal documents and affixes or causes the seal to be affixed to all instruments requiring such execution, except to the extent of the signing and executing thereof shall be expressly delegated by the Board of Directors or some other officer or agent of the Corporation. The role of the CEO is primarily business related in terms of overseeing the daily operations of the ICHCC.

The CEO does not have any input into the decision making process of the Commissioners regarding their discussions on individual issues and concerns. The CEO may attend the Board of Commissioners meeting by invitation from the Executive Board chairperson, but has no vote regarding practice issues or concerns. Finally, the CEO does not have any input regarding test-item development among the Commissioners, which is a major role that the Commissioners assume for their specialty area.

### g. Organizational Chart

Figure 1 depicts the current structure of the International Commission on Health Care Certification.

**Figure 1: ICHCC Organizational Chart**





## IV. QUALIFICATION REQUIREMENTS

### a. General Requirements

The ICHCC understands the required consistency of training among case managers and consultants who provide health care services, whether those services encompass full-case management methodologies, consultative medical and rehabilitative need and cost projections, and consultations regarding patient safety in medical facilities and hospitals. The ICHCC offers certifications with reference to field experience, specialty areas of training, and a candidate's achieved degree level. The ICHCC requires the following criteria to be met by all CLCP and CGCM candidates in order to qualify to sit for any of the ICHCC's examinations:

1. Each non-nurse candidate for the CLCP and the CGCM credentials must have at the minimum a Bachelor's degree. Non-nurse candidates for the MSCC credential must have at the minimum an Associate's degree. Nurse candidates must have at the minimum a Diploma in nursing.
2. Each candidate must have a minimum of 120 hours of post-graduate or post-specialty degree training in the focus area of the respective ICHCC certification credential. There must be 16 hours of training specific to a basic orientation, methodology, and standards of practice in each credential's 120 hour training program. The Medicare Set-aside Certified Consultant is the only credential at this writing that requires 30 hours of post-graduate study rather than 120 hours, with a minimum of 25 hours applied towards a basic orientation, methodology, and standards of practice for developing and applying Medicare Set-aside Allocations.
3. The 120 hours and the MSCC 30 hours must be obtained through completion of one of the training programs pre-approved by the ICHCC. A listing of these programs can be found on its web site at [www.ichcc.org](http://www.ichcc.org).
4. Applicants should have a minimum of 3 years field experience within the 5 years preceding application for certification. Final approval of any applications with ambiguity regarding experience will be left to the discretion of the Commissioners following a thorough review of the respective applications. The opinion of the Commissioners is final.
5. Training hours acquired over a time frame of 5 years from the date of application are counted as valid for consideration. Documentation of such coursework and participation verification is required in the form of attendance verification forms and/or curriculum documentation from the training agency. Each candidate must meet the minimum academic requirements for their designated health care related profession, and be certified, licensed, or meet the legal mandates of the candidate's respective state that allow him or her to practice service delivery within the definition of his or her designated healthcare related profession. However, final approval of any applications with ambiguity regarding training and/or experience will be left to the discretion of the Commissioners following a thorough review of the respective applications. The opinion of the Commissioners is final.



6. Each candidate must hold the entry level academic degree or certificate/diploma for their profession.

**b. Qualified Health Care Professional Mandate**

All credentials except the Medicare Set-aside Certified Consultant require the certification candidate to meet the criteria set forth in the designation of a **Qualified Health Care Professional** established by the International Commission on Health Care Certification. This designation applies to the CLCP, CCLCP, and the CGCM credentials while the MSCC credential is exempt. This is due to the case-management emphasis that typifies the life care planning and geriatric care management credentials while the Medicare Set-aside Certified Consultant credential does not incorporate a case management component in its service delivery applications.

The designation of a health care professional must be specific to the care, treatment, and/or rehabilitation of individuals with significant disabilities and does not include such professions as attorney, generic educators, administrators, etc., but does include such professions as counseling and special education with appropriate qualifications.

This designation of qualified healthcare professional is based on a background of education, training, and practice qualifications. A background of only experience and/or designated job title is not accepted as defining a qualified health care professional. Completion of training in the respective credential's focus area, experience, or being qualified in the court system as an expert witness do not necessarily meet the definition of a qualified health care professional under the ICHCC standards. This definition can only be met when all educational, training, and practice qualification components are reviewed and met.

Due to their unregulated professional status that varies among states, the following is offered as clarification for qualified status regarding the following professionals:

- Rehabilitation Counselor - CRC
- Case Manager - CCM
- Counselor - NCC, CRC, or State License or State Mandate to Practice
- Psychologist - State License or State Mandate to Practice
- Special Education - Undergraduate or Graduate Degree in Special Education
- Social Worker - MSW or State License in Social Work
- Nursing with an emphasis in rehabilitation - under graduate or graduate degree in nursing

Regarding graduate students holding a graduate degree, they may be deemed qualified provided they hold a graduate degree from an accredited program with a focus in rehabilitation in one or more of the following areas:

- Counseling
- Case Management
- Psychology
- Life Care Planning



- Elder Care
- Risk Management
- Patient Safety

Persons holding licensure designations as “technicians” or “assistants”, to include but are not limited to Physical Therapy Assistants (PTA), Occupational Therapy Assistants (OTA), Dental Hygienists, Emergency Medical Technicians (EMT), Nursing Assistants or Certified Nursing Assistants, Massage Therapists, Licensed Practical Nurses (LPN’s), and Licensed Vocational Nurses are excluded from qualifying to sit for the CLCP, CCLCP, and the CGCM credential. However, any person meeting the above definition of a health care professional, but who also carries a “technician/assistant” title will be eligible to sit for the examination (e.g., an EMT who is a licensed RN).

### **c. Specific Credential Qualifications**

The following credentials require additional consideration for qualifying applicants due to their unique focus and management needs of the special populations they serve.

#### **c.1 Medicare Set-Aside Certified Consultant (MSCC)**

The Medicare Set-aside Certified Consultant (MSCC) credential is designed to identify those professionals who work within the workers' compensation benefit system as either a health care professional, legal representative, or as an insurance claims adjuster, who have achieved specific pre-approved training in Medicare set-aside trust arrangements, and have demonstrated a breadth of knowledge regarding the development and application of the Medicare set-aside trust arrangement process. Additionally, this credential is designed to express to the consumer that the person holding the MSCC credential has agreed to come under the scrutiny of a certifying review board (CHCC), to be peer reviewed, and to adhere to a set of standards governing ethics and professional behaviors.

### **Qualifications**

Education: Each candidate must have at the minimum an Associate’s degree.

Professional Experience: A minimum of 12 months of acceptable full time employment within the past 3 years in any of the following industry disciplines is required. Acceptable employment means that the candidate is working within the Workers’ Compensation or Liability insurance industry.

- Insurance Claims Adjusters  
License/Certification Requirement: \*see license requirement
- Attorneys  
License/Certification Requirement: License to practice law



- Life Care Planners  
License/Certification Requirement: Certified Life Care Planner (CLCP) or Certified Nurse Life Care Planner (CNLCP)
- Case Managers  
License/Certification Requirement: Certified Case Manager (CCM)
- Disability Management Professionals  
License/Certification Requirement: Certified Disability Management Specialist (CDMS) or Certified Disability Examiner (CDE)
- Rehabilitation Specialists  
License/Certification Requirement: Certified Rehabilitation Counselor (CRC), Certified Rehabilitation Registered Nurse (CRRN)
- Nurses  
License/Certification Requirement: Registered Nurse (RN) or Licensed Practical Nurse/Licensed Vocational Nurse (LPN/LVN)

In general, it is a requirement that the candidate has one of the licenses or certifications listed under Professional Experience, License /Certification Requirement and that the license or certification is current and the candidate is in good standing with his or her professional discipline.

\*License Requirement: In regards to Claims Adjusters, licensing requirements vary by state. In some States, claims adjusters employed by insurance companies can work under the company license and need not become licensed themselves. Adjusters will need to provide proof the appropriate State-defined requirements are met.

## **c.2. Certified Geriatric Care Manager (CGCM)**

The CGCM credential is dedicated to the rehabilitation and health and human services professionals who provide case/care management services to elderly individuals with health and/or disability issues. This credential assesses one's knowledge of care planning and care management principles and practices for public persons who are defined by the U.S. government standards as meeting elderly criteria, as well as those elderly persons who have a disability.

### **Qualifications**

The certification candidate must meet the minimum continuing education hours and any one of the educational/degree criteria before being eligible to sit for the CGCM examination.

The ICHCC requires the following criteria to be met by all candidates applying to sit for the CGCM examination.

1. Each non-nurse candidate must have at the minimum a Bachelor's degree in a related field of health care, rehabilitation, or case management. Nurse candidates must have at the minimum a Diploma in nursing.



2. Each candidate must have a minimum of 120 hours of post-graduate or post-specialty degree training in the following areas of geriatric care management:
  - a. Concepts related to gerontology
  - b. Client/ patient assessment
  - c. Care planning and communication
  - d. Ethical, legal and business aspects of managing geriatric care.
  
3. Each candidate must document at least 50 hours of clinical experience in the following areas\*\*:
  - a. Patient/ client interviews, client assessment
  - b. Care plan development, monitoring and evaluation
  - c. Referral of formal and informal services

\*\*This requirement may be satisfied through work experience. The candidate may be working in elder care management and case services, thus fulfilling the 50-hour field experience requirement. The candidate needs to submit a letter from his or her supervisor attesting to the essential functions of elder care management that involve the certification candidate and the length of time the candidate has been employed in that respective position.

The ICHCC applies the rules for Qualified Health Care Professional of the CLCP credential to the Certified Geriatric Care Manager credential. The same professions allowed to sit for the CLCP credential apply to the CGCM credential as well. These are listed as RN (Diploma, Associates, BSN, MSN); MS; BS; BA; AB; PhD; Ed.D.; MD; DO; and DC.



## V. TEST ADMINISTRATION AND SCORING STANDARDS

All certification examinations are comprised of multiple choice case scenarios which contain 3 distracters and one correct choice. All test answers are referenced within current professional literature from the medical, insurance, and rehabilitation professions. The certification candidate has three options for test administration:

1. National sites are designated by the **ICHCC** for test administration on an annual basis. Dates and locations of the national sites may be obtained from the **ICHCC** office.
2. All credential examinations are administered “on-line”, thus requiring proctoring from an online proctoring service, Proctor U. The option for the candidate to be proctored at his or her choice of community college, junior college, college, university, Sylvan Learning Center, or local library remains acceptable.
3. The candidate is welcomed to visit the ICHCC office in Midlothian, Virginia, for on-site test administration by an ICHCC staff member.

There are 2 forms of the Certified Life Care Planner examination, 1) Form A, and 2) Form B, prior to the offering of the examination on-line by proctor. These two forms differed in that while Form A was comprised of multiple choice items; Form B was comprised of the identical multiple choice items of Form A, but with the addition of case-scenario items. With the advent of on-line publication of the examination, items from both tests were combined into one form since the tests items are randomly assigned on each test form by the IGIVETEST – Sight2K software program. All certification credentials’ examinations follow this format at present such that no two tests are ever alike. Thus, everyone sitting for any of the examinations receives different ordered but same-content tests. There are 10 extra items included on each test for field testing. The first 100 items count in the scoring of the examination while the last 10 items are for field testing purposes only. The MSCC examination is the only exam with 50 items rather than the 100 items that typify the other credential examinations.

All test results are scored by the testing software program and are sent directly to the corporate office of the **International Commission on Health Care Certification**. The CLCP examination’s cutoff score was determined using the Angoff Method (Modified) (Arrasmith and Hambleton, 1988; Ashby, 2001; Biddle, 1993; Bowers and Roby, 1989; Carlson and Strip, 2009; Tiratira, 2009). The ICHCC Test Committee met on June 2-3, 2012, and one of the activities in which 18 Test Committee members participated was the determination of the cutoff test score for the CLCP examination using the criterion-referenced model. The specific model used was the modified Angoff method in which rating participants discussed the characteristics of a borderline certification candidate, and a consensus was reached as to the specific characteristics to consider when reviewing each individual item. The raters were asked, “Would a borderline candidate be able to answer the item correctly?” The items that the Committee felt would be answered correctly by the borderline certification candidate were assigned a 1=yes. Items that the Committee felt that the borderline candidate would more than likely mark a wrong answer were assigned a 0=no. A second meeting of the Test Committee was held on March 1 – 2, 2013, and all items were reviewed and rated a second time. The analysis of ratings revealed that the final cutoff score for the CLCP examination was held to a score of **79**.





Cutoff scores using the Angoff method have not been determined for the MSCC or CGCM examinations at this writing. Currently, norm-referenced scores are being used until the Board of Commissioners for each respective credential completes its test-committee formations and rating-meetings are scheduled. Additionally, role and function studies must be completed and essential functions identified on which a criterion reference can be established.

The MSCC and CGCM tests utilize a standard score to determine the candidate's percentile ranking among other candidates who took the examination earlier (Anastasi, 1976; Borg, 1982). Statistically, standard scores are favored in this testing application due to its ability to express the candidate's distance from the mean of scores in terms of the standard deviation of the distribution (Anastasi, 1976). Thus, the accepted standard score for the MSCC and CGCM examinations is established at one standard deviation below the mean, and is adjusted for each test score. The ICHCC intends to apply for accreditation of these credentials as soon as the criterion-referenced cutoff score has been determined through their respective test committees.

### **Confidentiality**

Test scores of all certification candidates are held in strict confidence within the ICHCC corporate office. Specific test scores are not released to any certification candidate; only their pass or fail status as determined statistically through the standard score protocol is released. Scores are held in confidence by the ICHCC as a means to avoid the promotion of competitive embarrassment among life care planners seeking to gain a market-edge over their peers, and to avoid low test score applicants from being penalized through the referral process favoring those who scored higher on the examination. Test scores are not released to the public under any circumstances except through legal subpoena. Candidates are prohibited from sharing information that may involve discussing, documenting, and in anyway revealing test content, particular items, or item choices that include the correct answer and the associated distractors.

### **Test Score Appeals Process**

Any candidate who acquires a test score below the cut-off score may appeal the failure status of his or her test score to the Executive Board Chairperson. The Executive Board of Commissioners Chairperson requests from the Certification Program Administrator re-scoring of the test through a manual procedure, comparing the answers of each question to that of an answer key. The results of the manual scoring are final and are reported directly to the Executive Board Chairperson. It is the Executive Board Chairperson's responsibility to inform the certification candidate of the final pass-fail status of the respective exam in question.

### **Testing Aides and Prep Courses**

The ICHCC offers a review course for the CLCP credential and continues to develop similar courses for the other credentials. The ICHCC offers a review textbook for the life care planning CLCP/CCLCP credential to those persons who are first-time testers, or for those persons who elect to retake the examination for renewal purposes. The textbook is the primary text used in the review course offered by the ICHCC specific to the CLCP/CCLCP credentials. The ICHCC requires a textbook fee of \$60.00 + shipping and handling. The review course is offered through the Capital University Law School, the University of Florida, and the ICHCC. The candidate is



advised to contact the ICHCC for course tuition rates and scheduled review course times and dates.

The review textbook does not in any way address specific test items. The book is divided into 5 primary disability groups of which general instruction is based. There is a voluminous amount of information contained within the textbook that is discussed over the 8-hour course period. The certification candidates are advised that while the actual test may address some of the content of the text, the textbook in and of itself by no means addresses any specific test item.



## VI. CERTIFICATION MAINTENANCE AND RENEWAL

The **International Commission on Health Care Certification** asserts that certified professionals should maintain a high level of skills and knowledge through development of professional skills and continuing education. Requirements for certification renewal are designed to encourage the continuation of professional development which will aid in the effective delivery of health care services. Goals include but are not limited to:

- Exploration of valid and reliable testing protocols.
- Enhancement of one's skills in their area of concentration and certification.
- Developing informational resources for their area of concentration.
- Enhancement of professional assessment and processing skills.
- Exploration of new strategies for problem solving in their areas of concentration.
- Acquiring knowledge in specific areas of disabilities, vocational applications, case management, technology, public and private insurance benefit programs, legislation, and legal implications.

### a. Procedures for Renewal for All Credentials

Approximately three months prior to the "**valid through**" date printed on the certificate, **ICHCC** will mail a post-card reminder of the credentialed provider's expiration date. Completion of the application, submission of documentation of 80 clock hours of continuing education for the CLCP/CCLCP and the CGCM credentials and 30 hours of continuing education for the MSCC credential, and payment of the **non-refundable** certification renewal fee is required.

*Failure to renew your certification will result in the revocation of your certified status. The applicant acknowledges that the information submitted on a signed application is accurate. ICHCC retains the right to revoke or suspend certification if a certification is granted on the basis of false, misleading or inaccurate information if such information becomes evident upon inquiry.*

**Please notify ICHCC of any change in address.** Reasonable efforts will be made to send the renewal information; however, *it is the credentialed provider's responsibility to renew the certification by the expiration date on the credential certificate.*

Note: Should one fail to renew one's certification, re-application under all current standards and criteria in addition to a passing score on the certification examination will be required.

### b. Sources of Continuing Education

Education and training for certification maintenance may be obtained from a number of potential sources including in-service training programs, seminars and workshops, college and university courses, national and regional conferences, as well as professional publications and presentations related to the focus areas of each respective credential.

The International Commission on Health Care Certification never recommends one training program over another. The interested service provider candidate for any credential should review



the pre-approved training programs located on the ICHCC website at [www.ichcc.org](http://www.ichcc.org) for a detailed review of training in this specialty field in health care.

**ICHCC** will approve continuing education activities for individuals on a post-attendance basis. Programs should be at least 60 minutes in length. They must be offered in accessible, barrier-free locations and include evaluation components to be completed by participants. The purpose of the program should be clearly defined in terms of objectives & expected outcome and designed to increase the participant's knowledge in the focus areas outlined below.

Information required for approval includes each item under the following:

1. In-services, Seminars, Workshops & National/Regional Conferences
  - Submission of original documentation verifying participation
  - Submission of program agenda
  - Completion of Request for Approval form.
2. Relevant College or University Courses
  - 15 hours per course credit for 1 semester; 10 hours for 1 quarter credit
  - Official transcript and course description
  - Completion of Request for Approval form.
3. Professional Presentation: Development & Presentation
  - Maximum Credit: 10 clock hours for each original 1 hour presentation
  - Reference Material/Bibliography utilized
  - Copy of printed program listing you as presenter
  - Copy of "Presenter Notes" from Overhead/Slide Presentation Software used in presentation
  - Completion of Request for Approval form
4. Professional Articles in Peer-Reviewed Journals
  - Maximum Credit: 25 clock hours for each publication
  - Submission of a copy of the publication , including references
  - Completion of Request for Approval form
5. Other Publications serving Rehabilitation Professionals
  - Maximum Credit: 15 clock hours for each publication
  - Submission of copy of publication, including references
  - Completion of Request for Approval form.
6. Item Writing
  - Maximum Credit: 10 clock hours for each item accepted and utilized in the CLCP examination
  - Submission of item with APA style references



Note: A letter or other form of written verification from workshop, seminar, and conference providers will also be accepted, providing information concerning content, clock hours, and attendance is included.

Academic credit is converted as follows:

- One quarter hour of academic credit equals 10 clock hours
- One semester hour equals 15 clock hours.

### c. Extensions

Persons who have completed 30 of the 80 hours required for continuing education of the CLCP/CCLCP, 5 of the 15 hours for continuing education for the MSCC, and 10 hours of continuing education for the CGCM credential may request a review for extension. Each request will be reviewed individually, documentation of the current continuing education hours must be

completed, a \$100 administrative fee is required, and sufficient time must be allowed *before the current certification expires*. An extension may be granted for up to six months.

An Extension Fee of \$100 must be submitted in order for consideration of a six month extension.

### d. Appeals

An appeals process is available for any **ICHCC** who feels his or her application for certification renewal was processed in an inaccurate or unfair manner. Any appeals procedure is administered by the Ethics Committee.

### e. CEU'S Obtainment For Credential Maintenance

The following depicts detailed renewal procedures for specific credentials offered by the ICHCC.

#### e.1. Certified Life Care Planner (CLCP/CCLCP)

The maintenance period for the CLCP/CCLCP credential is 5 years, and 80 clock-hours of continuing educational units (CEU's) are required over this period due to the broad spectrum of concepts within this area. The CLCP/CCLCP professional is required to have 8 of the 80 required recertification hours to be of ethical practice subject matter. The ICHCC *reviews* training programs to determine if the training content has any application to life care planning service delivery. It does not accredit nor approve any training or educational programs that may be applied specific to the CLCP examination. Rather, the ICHCC charges a review fee to all entities requesting coverage of their CEU's for application to the Certified Life Care Planner and the Canadian Certified Life Care Planner credentials, whether the entity meets the approval criteria or is rejected. Criteria for approval or rejection of the reviewed program for CEUs are based on the following:



1. There must be one person on the faculty of a given instructional unit (program) who is a Certified Life Care Planner/Canadian Certified Life Care Planner, if the subject matter does not require the expertise of a physician or lawyer as presenters/educators.
2. Physicians (M.D., D.O., and D.C.) and attorneys are exempt from this rule.
3. The training entity is required to submit the program agenda, curricula vitae of the instructors, and a statement as to the application of the program to life care plan development.

#### *Options For CLCP/CCLCP Renewal*

The **ICHCC** certification maintenance program extends the status of the **CLCP** and **CCLCP** at five year intervals. Options for renewal include:

1. Option One: 80 clock hours of pre-approved and post-approved education/training for each five year period. Documentation is required to validate that the education or training has been successfully completed in one or more of the focus areas related to life care planning:
  - a. Preapproved: If a course was pre-approved, the CLCP/CCLCP professional only needs to send the attendance verification and the attached form. The fee is **\$250**.
  - b. Non-Preapproved: If the CLCP/CCLCP professional attended a program which was not approved for CLCP/CCLCP hours, the required documentation must be submitted and is subject to review. This includes a completed ICHCC Non-Preapproved CEU form (found on the ICHCC website), the program agenda and the attendance verification/certificate of completion. The fee is \$250 + a \$10 review fee per non-preapproved program. You may submit as many non-preapproved programs as you wish, but you can only be charged for a maximum of 5 non-preapproved programs for a maximum non-preapproved fee of \$50 in addition to the \$250 recertification fee.
2. Option Two: Re-examination. The fee is **\$350** and covers both the examination fee and certification renewal.

If the renewal candidate does not desire to retest, but also lacks the necessary 80 hours of CEU's, then the candidate can apply for an extension. This is available to CLCP/CCLCPs who have *completed and submitted* 30 of the 80 hours required for maintenance. A six (6) month extension may be granted for a fee of **\$100**.



## e.2 Medicare Set-aside Certified Consultant (MSCC)

The maintenance period for the Medicare Set-aside Certified Consultant is three (3) years, and 15 clock hours of continuing education due to the direct focus of this credential. The MSCC professional is required to have 5 of the 15 required recertification hours to be of ethical practice subject matter. As with the CLCP/CCLCP credentials, the ICHCC *reviews* training programs to determine if the training content has any application to Medicare set-aside allocation development and service delivery. It does not accredit training programs but it approves specific training sessions that may be applied specific to the MSCC examination content. Criteria for approval or rejection of the reviewed program for CEUs are the same for this credential as they are for the CLCP/CCLCP.

### *Training Options*

The International Commission on Health Care Certification never recommends one training program over another. The interested service provider candidate for the MSCC credential should review the pre-approved training programs located on the ICHCC website at [www.ichcc.org](http://www.ichcc.org) for a detailed review of training in this specialty field in health care.

### *Options For MSCC Renewal*

The ICHCC certification maintenance program extends the status of the **MSCC credential** at three (3) year intervals. Options for renewal are the same as they are for the CLCP/CCLCP credentials, and include:

1. Option One: 15 clock hours of pre-approved and post-approved education. Documentation is required to validate that the education or training has been successfully completed in one or more of the focus areas related to Medicare set-aside allocations/trusts development.
  - a. Submit documentation of 15 hours of pre-approved education. If a course was pre-approved, the MSCC professional only needs to send the attendance verification and the attached form. The fee is **\$250**.
  - b. If the MSCC professional attended a program which was not approved for MSCC hours, the required documentation must be submitted and is subject to review. This includes a completed ICHCC Non-Preapproved CEU form (found on the ICHCC website), the program agenda and the attendance verification/certificate of completion. The fee is \$300 regardless of the number of non-preapproved programs submitted for consideration for renewal
2. Option Two: Re-examination. The fee is **\$350** and covers both the examination fee and certification renewal.

If the renewal candidate does not desire to retest, but also lacks the necessary 15 hours of CEU's, then the candidate can apply for an extension. This is available to MSCC's who have *completed and submitted* 5 of the 15 hours required for maintenance. A six (6) month extension may be granted for a fee of **\$100**.



### e.3 Certified Geriatric Care Manager (CGCM)

The maintenance period for the Certified Geriatric Care Manager is three (3) years, and 48 clock hours of continuing education are required over this period. The CGCM professional is required to have 6 of the 48 required recertification hours to be of ethical practice subject matter. As with the all ICHCC credentials, the ICHCC *reviews* training programs to determine if the training content has any application to geriatric care management service delivery. It does not accredit training programs but it approves specific training sessions that may be applied specific to the CGCM examination content. Criteria for approval or rejection of the reviewed program for CEUs are the same for this credential as they are for all of the credentials under the ICHCC.

#### *Options For CGCM Renewal*

The ICHCC certification maintenance program extends the status of the **CGCM** credential at three (3) year intervals. Options for renewal are the same as they are for the CLCP/CCLCP and MSCC credentials, and include:

1. Option One: 48 clock hours of pre-approved and post-approved education. Documentation is required to validate that the education or training has been successfully completed in one or more of the focus areas related to geriatric care management.
  - a. Submit documentation of 48 hours of pre-approved education. If a course was pre-approved, the CGCM professional only needs to send the attendance verification and the attached form. The fee is **\$250**.
  - b. If the CGCM professional attended a program which was not approved for MSCC hours, the required documentation must be submitted and is subject to review. This includes a completed ICHCC Non-Preapproved CEU form (found on the ICHCC website), the program agenda and the attendance verification/certificate of completion. The fee is **\$250 + a \$10 review fee per non-preapproved program. You may submit as many non-preapproved programs as you wish, but you can only be charged for a maximum of 5 non-preapproved programs for a maximum non-preapproved fee of \$50 in addition to the \$250 recertification fee.**
2. Option Two: Re-examination. The fee is **\$350** and covers both the examination fee and certification renewal.

If the renewal candidate does not desire to retest, but also lacks the necessary 48 hours of CEU's, then the candidate can apply for an extension. This is available to CGCM's who have *completed and submitted* 10 of the 48 hours required for maintenance. A six (6) month extension may be granted for a fee of **\$100**.





## VII. CONFIDENTIALITY POLICY

The ICHCC has implemented policies for addressing confidentiality with regards to personal, professional, and business information concerning the certification candidate, the Commissioners, and the International Commission on Health Care Certification (ICHCC) Corporation. Each group requires consideration for the protection of information pertaining to them individually and to the ICHCC as a certifying agency. The following description of policy illustrates how information concerning all parties is protected and monitored.

### **Certification Candidate**

The certification candidate offers personal information through the application process. Therefore, the ICHCC is committed to protect this information and maintain confidentiality for the applicant through a set policy. The following are procedures that have been implemented to safeguard the applicant's information:

- 1) Application information is contained within an electronic filing system referred to as ScanSnap™. When the application is received in the ICHCC main office, it is scanned and loaded into an electronic ScanSnap file and the original paper materials are shredded. The CEO and the program administrator have access to this information.
- 2) Applicant information is backed-up on a daily schedule and is secured off-site on the web, using a web-based backup software program. The files are encrypted and secured through passwords.
- 3) The test results of the certification candidate are maintained in the file system by the Executive Administrator, and are not released under any circumstances barring a court-issued subpoena. Test scores are never released outside of the ICHCC, even to the certification candidate.
- 4) The certification candidate is notified of a pass or fail status rather than being informed of the exact test score.

### **ICHCC Commissioners**

There is a need for the Commissioners to hold in confidence any information pertaining to the ICHCC, its business plans for current and future growth, financial data, and any information that is related to the life care planning certification process and that which is confidential and proprietary to the ICHCC. The Commissioners share the same protection of personal and business information that is provided to the certification candidate and the certified professional. The ICHCC relays proprietary and business information in discussing certification matters with the Commissioners, and this information requires some guarantee of protection. Therefore, each Commissioner is required to sign the Confidentiality Agreement, which is presented as Appendix A of this publication.



## ICHCC Corporation

All certification candidates and current ICHCC certified professionals' information when inquiries are made regarding their certification status and test scores are well protected physically and electronically. The following are procedures that have been implemented to safeguard the certificant's information:

1. The same protection regarding the individual's test scores afforded to the certification candidate apply to all credentials. All information contained within the respective certificant's paper file is secured in the locked file cabinet until it is retrieved for shredding. The information is scanned and backed-up on the web.
2. Inquiries regarding a particular certificant are provided the following information:
  - i. If the individual is certified or is not certified as an ICHCC credential holder.
  - ii. If the individual is certified, the certifying date and renewal dates (if any) are provided
  - iii. If the individual has been found to be in violation of any professional conduct or ethical violations, and what Principle(s) were violated

## VIII. NATIONAL COMPLIANCE

The **International Commission on Health Care Certification** recognizes the need to adhere to a national policy and standards regarding certification testing. The **ICHCC** will submit its application to the **National Commission for Certifying Agencies (NCCA)** in the Fall 2013, for consideration of review and compliance with this agency's certification standards. The **ICHCC** feels that such an affiliation will ensure that the highest quality of testing standards and development will be maintained for persons desiring **ICHCC** certification. Areas under which the **NCCA** evaluates and monitors for an agency include:

- Administrative Independence
- Public Members
- Bias
- Continuing Competence
- Discipline
- Eligibility for Certification
- Education and Certification
- Reliability
- Validity



## IX. CODE OF PROFESSIONAL ETHICS

### Preamble

The **International Commission on Health Care Certification** has adopted the Code of Professional Ethics with direction and input from documents from the Codes and Standards of and statements from the following professional organizations:

- Commission on Rehabilitation Counselor Certification
- National Association of Rehabilitation Professionals in the Private Sector
- National Rehabilitation Administration Association
- Virginia Board of Professional Counselors
- North Carolina Board of Professional Counselors

All certified health care professionals under the Commission on Healthcare Certification are expected to make fair and impartial assessments regarding the functional capabilities and needs of the referred individual, whether that individual is considered to be catastrophically injured or adventitiously injured with a manageable orthopaedic or neurological diagnosis. Life care plans are required to be thorough with competent research conducted for each identified category of need, and opinions and conclusions structured without regard for personal reimbursement resources. Similarly, the Medicare Set-aside Certified Consultant is expected to provide a detailed and thorough care plan that is designed to aid the individual in his or her basic medical and rehabilitative needs as expected of a Medicare-provided benefit and not to enhance their overall lifestyle. Where the credentialed health care professional finds that a functional examination is required to complete their service delivery, administered examinations with conclusions and recommendations supported by tests or evaluation components that have established reliability and validity are expected to be utilized. Concluding opinions are based on the performance results over an entire test battery, and are not based on the results of one test within the examination protocol. Concluding opinions are rendered without regard for third-party reimbursement resource attitudes or biases.

Certified health care professionals under the ICHCC are obligated to perform activities within their respective certification areas which have been researched to suggest that these activities are an integral part of their roles and functions. For example, Certified Disability Evaluators are responsible for collecting and processing intake information, assessing physical and cognitive tolerances for work activities, and evaluating primarily neurological and orthopaedic disorders. Certified Life Care Planners are required at the minimum to assess the client's medical and independent living service needs, assess their vocational feasibility and options, and to provide consulting services to the legal system. But above all, the certified professionals of the ICHCC must demonstrate adherence to ethical standards and must ensure that the standards are enforced. The Code of Professional Ethics is designed to serve as a reference for professionals who carry **ICHCC** certification credentials, thus ensuring that acceptable behavior and conduct are clarified, defined and maintained. The basic objective of the Code of Professional Ethics is to promote the welfare of service recipients by specifying and enforcing ethical behavior expected of disability examiners and life care planners.



The primary obligation of the certified health care professionals under the ICHCC is to the disabled person in question. Only when the certified health care professional is requested to perform an independent medical examination does the obligation of the disability examiner shift to that of the referring party since there is no physician/patient relationship. The same principal applies when the certified individual is approached by the third party funding source to critique a previously written report/care plan developed per the request of the disabled individual's legal representative. The certified professional is obligated to communicate to the third party referral source any discoveries which may benefit the disabled person in question regarding additional rehabilitation or vocational options.

The Code of Professional Ethics consists of two types of standards; Principles and Rules of Professional Conduct. The Principles are general standards which provide a definition of the category under which specific rules are assigned. While the Principles are general in concept, the rules are exacting standards which provide guidance in specific circumstances.

Certified health care providers who violate the Professional Code of Ethics are subject to disciplinary action. A Rule violation is interpreted as a violation of the applicable Principle and any one of its general applicable principles. The **ICHC** considers the use of any of its certifications acronyms in a signature line and in one's curricula vitae a privilege, and reserves unto itself the power to suspend or to revoke the privilege or to approve other penalties for a Rule violation. Disciplinary penalties are imposed as warranted by the severity of the offense and circumstances. All disciplinary actions are undertaken in accordance with published procedures and penalties designed to assure the proper enforcement of the Code of Professional Ethics within the framework of due process and equal protection of the laws.

When there is reason to question the ethical propriety of specific behaviors, persons are encouraged to refrain from engaging in such behaviors until the matter has been clarified by the **ICHC** Ethics Committee. Persons credentialed under the ICHCC who need assistance in interpreting the Code should request in writing an advisory opinion from the **International Commission on Health Care Certification**.



## **X. PRINCIPLES AND ASSOCIATED RULES**

### **Principle 1 - Professional and Legal Standards**

*ICHCC certificants shall behave in legal, ethical, and professional manner in the conduct of their profession, maintaining the integrity of the Code of the Professional Ethics and avoiding any behavior which would cause harm to other entities and/or individuals.*

#### **Rules of Professional Conduct:**

- R1.1 ICHCC Certificants shall obey the laws and statutes in the legal jurisdiction in which they practice and are subject to disciplinary action for any violation, the extent that such violation suggests the likelihood of professional misconduct.
- R1.2 ICHCC Certificants shall be familiar with, observe and discuss with their evaluatees as well as referral sources the legal limitations of their services.
- R1.3 In the absence of legal guidelines, the Code of Professional Ethics is binding.
- R1.4 ICHCC Certificants shall not engage in any acts or omission of a dishonest, deceitful, or fraudulent nature in the conduct of their professional activities.
- R1.5 ICHCC Certificants shall understand and abide by the Principles and Rules of Professional Conducts which are prescribed in the Code of Professional Ethics.
- R 1.6 ICHCC Certificants shall not advocate, sanction, participate in, and cause to be accomplished, otherwise carry out through another, or condone any act, which the ICHCC Certificants are prohibited from performing by the Code of Professional Ethics.
- R1.7 ICHCC Certificants shall refuse to participate in employment practices, which are inconsistent with the professional or legal standards regarding the treatment of employees or the public.
- R1.8 ICHCC Certificants shall not misrepresent the credential.
- R1.9 ICHCC Certificants shall not write, speak not act in ways that lead others to believe Certificants are officially representing the ICHCC unless such written permission has been granted by the ICHCC.



## **Principle 2 - Evaluee and ICHCC Certificants Relationship**

*ICHCC Certificants shall respect the integrity and protect the welfare of people and groups with whom they work. The primary obligation of the certificant is to the evaluee outside of independent medical examinations and independent review of plans in which no physician/patient relationship exists.*

### **Rules of Professional Conduct:**

- R2.1 ICHCC Certificants shall not misrepresent their role or competence to evaluee. Certificants will not misrepresent their role or competence to patients. Certificants will provide information about their credentials, if requested.
- R2.2 ICHCC Certificants will avoid establishing dual relationships with evaluee that could impair one's professional judgment or increase the risk of exploitation. Sexual intimacies with patients are unethical and will not be tolerated by the ICHCC.
- R2.3 ICHCC Certificants are obligated to clarify the nature of their relationship to all involved parties when providing services at the request of a third party. Similarly, and as expected, ICHCC Certificants have an obligation to provide unbiased, objective opinions regarding the evaluation results or care planning service regardless of referral source. ICHCC Certificants will clearly define through written or oral means, the limits of their relationship, particularly in the areas of informed consent and legally privileged communications to all involved individuals.
- R2.4 ICHCC Certificants' primary obligation and responsibility is to the catastrophically or non-catastrophically disabled person for whom assessment, evaluation, medical and vocational and rehabilitation needs are being determined.

## **Principle 3 - Advocacy**

*ICHCC Certificants shall serve as advocates for fair and balanced reporting regardless of the referral source, with the health, care, and safety of people with disabilities not to be compromised as a result of a submitted respective report.*

### **Rules of Professional Conduct:**

- R3.1 The ICHCC certificant shall further use his or her specialized knowledge and skills to do no harm to the "disabled" individual with regards to the summary and conclusions of reporting, regardless of the referral source.



## **Principle 4 - Professional Relationships**

*ICHCC Certificants shall act with integrity in their relationships with colleagues, other organizations, agencies, institutions, referral sources and other professions as to facilitate the contributions of all specialists.*

### **Rules of Professional Conduct:**

- R. 4.1 ICHCC Certificants shall ensure that there is a mutual understanding of the evaluation report by all parties involved.
- R 4.2 ICHCC Certificants shall collaborate as a team with allied professionals in formulating reports when applicable.
- R 4.3 ICHCC Certificants shall not commit the recipient of the case to any prescribed course(s) of action which may be specified in the report.
- R4.4 ICHCC Certificants shall obtain from other professionals essential medical records and evaluations for report development or evaluating function and impairment.
- R4.5 ICHCC Certificants shall not discuss with evaluatee and/or referral source reputations and/or competency of colleagues in a disparaging manner, nor will they provide judgments to the evaluatees regarding quality and appropriateness of treatment they may have received from other professionals.
- R4.6 ICHCC Certificants will not exploit their professional relationships with supervisors, colleagues, students, residents, or employees sexually or otherwise and will not engage in any form of sexual harassment.
- R 4.7 ICHCC Certificants who employ or supervise other professional or residents/students will facilitate professional development of such individuals through the provision of appropriate working conditions, timely evaluations, constructive consultations, and experience opportunities.
- R4.8 ICHCC Certificants possessing knowledge of any rule violation of this Code of Professional Ethics is obligated to reveal information to the International Commission on Health Care Certification unless the information is protected by law.
- R4.9 ICHCC Certificants have the right to their freedom of speech and to disagree with their certifying agency, but not the right to use their influence to attempt to interfere with business practices, programs or the solvency of ICHCC.



### **Principle 5 Public Statements/Fees**

*ICHCC Certificants shall adhere to professional standards in establishing fees and promoting their services.*

#### **Rules of Professional Conduct:**

- R5.1 ICHCC Certificants shall never give nor receive a commission or rebate or any other form of remuneration.
- R5.2 ICHCC Certificants who advertise their services to the general public shall fairly and accurately present the material.

### **Principle 6-Confidentiality**

*ICHCC Certificants shall respect the confidentiality of information from evaluatees, their representatives and any other sources.*

#### **Rules of Professional Conduct:**

- R6.1 ICHCC Certificants shall inform evaluatees or their representative when applicable of the service to be provided regarding the limits of confidentiality.
- R6.2 ICHCC Certificants shall inform evaluatee confidentiality is waved when the ICHCC Certificant has good reason to believe that circumstances are life threatening or that laws of the state in which the ICHCC Certificant practices requires reporting of suspected abuse or neglect.
- R6.3 ICHCC Certificants shall not release records without a written authorization or as permitted by law.
- R6.4 ICHCC Certificants shall safeguard the maintenance, storage and disposal of patient records.
- R6.5 ICHCC Certificants shall obtain written permission from the evaluatee or guardian for video, audio or photography when applicable.
- R6.6 ICHCC Certificants presenting case studies in class settings, professional meetings, or publications will confine the content to that which can be disguised to ensure full protection of the identity of evaluatees.





## **Principle 7-Assessment**

*ICHCC Certificants shall utilize the appropriate evaluation tools.*

### **Rules of Professional Conduct:**

- R7.1 ICHCC Certificants shall utilize only those appropriate assessment tools that have established validity and reliability, for which they are trained, competent, and/or licensed to administer.
- R7.2 ICHCC Certificants shall make known the purpose of testing and explicit use of the results to evaluatees prior to administration.
- R7.3 ICHCC Certificants shall administer tests under the same conditions established in their standardization. Any modifications to standardized testing protocol must be documented in report.
- R7.4 ICHCC Certificants will make known the purpose of testing and the explicit use of the results to clients prior to administration. Test results may be disseminated to the examinee provided the referral source approves of the examinee having access to such information, whether it is a plaintiff or third-party referral.

## **Principle 8 Research Participation**

*ICHCC Certificants are encouraged to assist in efforts to improve upon this certifying agency's test structure, standards and guidelines through participation in ICHCC research programs related to credential's respective examination.*

### **Rules of Professional Conduct:**

- R8.1 ICHCC Certificants shall assign credit to those who have contributed to publications in proportion to their contribution or as agreed upon with the senior author if the senior author is other than ICHCC credentialed professional.
- R8.2 ICHCC Certificants will be aware of and responsible to all pertinent university-level guidelines on research with human subjects. When planning any research activity dealing with human subjects, the ICHCC Certificants will ensure that research hypotheses, design, and execution are in full compliance with the sponsoring university's research guidelines.



## **Principle 9-Competence**

*ICHCC Certificants shall establish and maintain their professional competencies as mandated by their standards of practice.*

### **Rules of Professional Conduct:**

- R9.1 ICHCC Certificants shall function within the limits of which they are professionally qualified and competent.
  
- R9.2 ICHCC Certificants shall continuously strive through reading, attending professional meetings and taking course instruction to keep abreast of new developments, concepts, and practices that are essential to providing the highest quality of services to their evaluatees.



## **XI. GUIDELINES AND PROCEDURES FOR PROCESSING ETHICAL COMPLAINTS**

The **International Commission on Health Care Certification** provides the following guidelines and procedures for processing alleged violations of the Code of Professional Ethics by disability examiners and life care planners credentialed under the **ICHCC**. All allegations are heard by the **ICHCC** Ethics Committee comprised of persons appointed by the Executive Director. Please be aware that the hearing process should not be construed as a legal process designed to resolve legal issues, but rather an informal hearing process in which many legal structures and conventions are not observed.

### **Qualifying Statement:**

The **International Commission on Health Care Certification** recognizes the many disciplines which comprise its certified professional groups. Therefore, the **ICHCC** reserves the right to refer any allegation of ethical conduct violations to the accused own professional organization or credentialing board for a preliminary review and investigation. This is not to say that the complaint cannot or will not be heard by the **ICHCC**.

### **1.00 Jurisdiction**

- 1.A **Qualifying Complaints:** A complaint may be filed by any individual or organization (referred hereinafter as "accused"). The accused need not be credentialed by the **ICHCC**, but the accused must be credentialed under the **ICHCC**.
- 1.B **Anonymous Complaints:** The **ICHCC** will not honor or investigate any complaint which is not signed, or which the accused is not identified.
- 1.C **Non-Credentialed Complaints:** If the complaint does not involve an **ICHCC** credentialed professional, the **ICHCC** Executive Director will inform the accused and may refer the accused to another agency or association with proper jurisdiction.
- 1.D **ICHCC Certification Applicants:** Applicants for certification under the **ICHCC** are required to provide information relative to ethical actions past or pending involving other associations or credentialing/licensing organizations. Falsification of any information in this area will lead to the following disciplinary actions: 1) termination of application and notification of the falsification to relevant licensing boards, certification boards, and applicant references.



## **2.00 Disciplinary Actions/Options**

The Ethics Committee is entitled to take any one of the following actions upon a confirmation of the alleged infraction(s):

- 2.A **Revocation:** The Ethics Committee may revoke the credentials which the clinician obtained through the **ICHCC**, with notification of revocation disseminated to his or her professional organizations, certification and licensing boards.
- 2.B **Probation:** The committee may place the credentialed professional on probation, suspend certification, or may reprimand or censure the individual. The credentialed professional may be requested to cease the challenged conduct, accept supervision, or seek rehabilitative or educational training or counseling.

The Ethics Committee may implement these requests by issuing:

- 2.B.1 **Cease and Desist Order:** Require the accused to cease and desist the challenged behavior.
- 2.B.2 **Reprimand:** Reprimand when the Committee has determined that there has been an ethics violation but there has been no damage to another person.
- 2.B.3 **Censure:** Censure when the Committee has determined that there has been an ethics violation but the damage done to another person is not sufficient to warrant more serious action.
- 2.B.4 **Supervision Requirement:** Require that the accused receive supervision.
- 2.B.5 **Rehabilitation, Education, Training, or Counseling:** The accused may be required to undergo rehabilitative counseling/therapy, additional education, training, or personal counseling.
- 2.B.6 **Probation:** Require that the accused be placed on probation. Probation is defined as the relation that the **ICHCC** has with the accused when the **ICHCC** undertakes actively and systematically to monitor, for a specific length of time, the degree to which the accused complies with the Ethics Committee's requirements.
- 2.B.7 **Referral:** Referral to a relevant association or state board of examiners for action.
- 2.C **Reapplication:** The Ethics Committee may recommend that the **ICHCC** Executive Board deny reapplication.



- 2.D **Notification of Other Organizations:** In the event that an **ICHCC** credentialed individual who has violated the Code of Professional Ethics is certified by or a member of other recognized professional boards or associations or is authorized by governmental authority to practice in cognate disciplines, **ICHCC** shall, at its discretion, send notice of disciplinary action to each other organization. The notice shall state that the disciplinary action was pursuant to the **ICHCC** Code of Professional Ethics.

### **3.00 ICHCC Credentialed Professionals Responsibilities**

- 3.A **Cooperation:** ICHCC credentialed professionals are obligated, in accordance to the **ICHCC** Code of Professional Ethics, to cooperated with proceedings of **ICHCC** for any alleged violation of the Code of Professional Ethics. If the accused voluntarily relinquishes certification or fails to cooperate with an ethical inquiry in any way, the **ICHCC** shall continue its investigation, noting in the final report the circumstances of the accused failure to cooperate.
- 3.B **Refusal of Testimony:** If an accused refuses to provide testimony, the complaint may be dismissed at the discretion of the **ICHCC**, upon the application and agreement of the accused.
- 3.C **Counter complaints:** The **ICHCC** will not accept counter complaints from an accused **ICHCC** credentialed individual during the course of an investigation of the initial complaint. However, in unusual circumstances, the **ICHCC** may accept a counter complaint during the investigative period of the initial complaint.

### **4.00 Processing of Complaints by ICHCC**

- 4.A Initial Action by **ICHCC** Executive Director
- 4.A.1 Ascertain the certification status of the accused.
- 4.A.2 Confer with Ethics Committee regarding the legitimacy of the complaint.
- 4.A.3 Review complaint with legal counsel once Committee has reviewed and affirmed the legitimacy of the complaint.
- 4.B Acknowledgment of Complaint: Within thirty (30) days of receipt of a formal complaint, the **ICHCC** Executive Director shall:
- 4.B.1 Direct a letter to the accused acknowledging acceptance or rejection of the complaint.
- 4.B.2 If a decision to accept the complaint is made, assist the Ethics Committee Chairperson to assemble the appropriate committee members.



- 4.B.3 If the complaint is certified in the Ethics Committee and approved by the **ICHCC** legal counsel, the Executive Director shall send a notice of complaint to the accused. The notice shall be: 1) sent by certified mail; 2) marked "Confidential"; 3) shall state the portion of the Code of Professional Ethics relevant to the allegations of the complaint; 4) shall enclose a copy of the complaint; 5) shall enclose a copy of the **ICHCC's** Code of Professional Ethics; 6) shall direct the accused to respond to the allegations in writing, within thirty (30) days and state whether the accused requests a hearing before the Ethics Committee; 7) shall inform the accused that failure to respond in writing within 30 days may result in termination of his or her certification.
- 4.B.4 The Ethics Review Board decision is published in writing and sent to the CLCP under review via certified mail
- 4.B.5 Any non-ethical complaint or inquiry regarding the certification status of an individual, or the eligibility status of a certification candidate may be made directly to the Executive Administrator in the ICHCC Corporate Office.

## **5.00 Appeals Process**

- 5A. Rights of the Appellant
  - 5A.1 The Appellant has the right to appeal any decision of the Ethics Review Board regarding his or her case in question
  - 5A.2 The Appellant has the right to appeal the Ethical Review Board's decision within a 30-day period from the date of decision publication
- 5B. Process
  - 5B.1 The appeal is forwarded to the ICHCC corporate office and forward to the Executive Director.
  - 5B.2 The Executive Director reviews the Appeal and certifies its validity.
  - 5B.3 The Executive Director assembles the 3-panel Ethics Review Board comprised of life care planning Commissioners.
  - 5B.4 The Ethics Review Board reviews the appeal and renders a decision regarding the validity of the earlier ruling with the facts presented in the original hearing as well as new information if submitted.



5B.5 The Ethics Review Board may submit questions in writing to the Appellant, and responses from the Appellant must be in writing. Answers are required within a 30-day period from the date of the receipt of the certified mail certificate of the Board's written questions. Failure to respond to the Board within the 30-day period results in affirmation of the original decision. The Appellant does not have the right to ask questions of the Board.



## **XII. EXECUTIVE BOARD OF COMMISSIONERS AND THE BOARDS OF COMMISSIONERS**

### **Executive Board of Commissioners**

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## CLCP/CCLCP Board of Commissioners

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# **Appendix A**

## **Confidentiality Agreement**



# Confidentiality Agreement

It is understood and agreed to that the below identified discloser of confidential information may provide certain information that is and must be kept confidential. To ensure the protection of such information, and to preserve any confidentiality necessary under patent and/or trade secret laws, it is agreed that

1. The Confidential Information to be disclosed can be described as and includes:  
*all information relating to any and all Certificants credentialed through the Commission on Health Care Certification, doing business as the International Commission on Health Care Certification (ICHCC), proprietary ideas and inventions, ideas, patentable ideas, trade secrets, drawings and/or illustrations, patent searches, existing and/or contemplated products and services, research and development, production, costs, profit and margin information, individual test items and certification examinations content, finances and financial projections, customers, clients, marketing, and current or future business plans and models, regardless of whether such information is designated as "Confidential Information" at the time of its disclosure.*
3. The Recipient agrees not to disclose the confidential information obtained from the discloser to anyone unless required to do so by law.
4. This Agreement states the entire agreement between the parties concerning the disclosure of Confidential Information. Any addition or modification to this Agreement must be made in writing and signed by the parties.
5. If any of the provisions of this Agreement are found to be unenforceable, the remainder shall be enforced as fully as possible and the unenforceable provision(s) shall be deemed modified to the limited extent required to permit enforcement of the Agreement as a whole.

**WHEREFORE**, the parties acknowledge that they have read and understand this Agreement and voluntarily accept the duties and obligations set forth herein.

**Recipient of Confidential Information:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

**Discloser of Confidential Information:**

Commission on Health Care Certification, Inc.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: Virgil Robert May, III, RhD, CRP, CDE II  
CEO



# **Appendix B**

## **Nondiscrimination and Accommodations Policy**



## **The International Commission on Health Care Certification Nondiscrimination and Accommodation Policy for all Certification Candidates with Disabilities**

### **Discrimination:**

It is the policy and commitment of the International Commission on Health Care Certification that it does not discriminate on the basis of race, age, color, sex, national origin, physical or mental disability, or religion regarding any certification candidate applying to this agency to sit for any of its certifying examinations.

### **Accommodation:**

The International Commission on Health Care Certification, in accordance with the requirements of Title II of the Americans with Disabilities Act of 1990 (“ADA”), will not discriminate against qualified individuals with disabilities on the basis of disability in its services, programs or activities and in its administration of its certification examinations.

**Employment:** The International Commission on Health Care Certification does not discriminate on the basis of disability in its hiring or employment practices and complies with all regulations promulgated by the U.S. Equal Employment Opportunity Commission under Title I of the ADA.

**Effective Communication:** The International Commission on Health Care Certification will generally, upon request, provide appropriate aids and services leading to effective communication for qualified persons with disabilities so they may participate equally in the ICHCC’s examination processes, including qualified sign language interpreters, documents in Braille and other ways of making information and communications accessible to people who have speech, hearing or vision impairments. Given that proctoring of the examination may be performed by an online service or by a facility within the candidate’s local community, the ICHCC is obligated to ensure that all accommodations are provided by the respective proctoring entity

**Modifications to Policies and Procedures:** The International Commission on Health Care Certification will make all reasonable modifications to policies and programs to ensure that people with disabilities have an equal opportunity to enjoy a comfortable examination setting and receive examination services without a burden to them. For example, individuals with service animals and who have questions regarding the acceptance of his/her service animal by the proctoring entity will be accommodated through the ICHCC’s investigative actions on behalf of the candidate for clarification of a proctoring entity’s policy. Hypothetically, if the proctoring entity is adverse to accepting a service animal the ICHCC will assist the candidate with locating an accommodating proctoring facility.

The ADA does not require The International Commission on Health Care Certification to take any action that would fundamentally alter the nature of its programs or services, or impose an undue financial or administrative burden. Complaints that an examination location is not accessible to persons with disabilities should be directed to the ICHCC at 804-378-7273.

The ICHCC will not place a surcharge on a particular individual with a disability or any group of individuals with disabilities to cover the cost of providing auxiliary aids/services or reasonable modifications of policy.